



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

plex, and one or more of the following lesions will be found present: lacerated perineum, lax vaginal walls, rectocele, cystocele, a lax abdominal wall, and diastasis of the recti muscles. Many patients complain of a constant tired feeling, they have no ambition to work, they are nervous, they have a feeling of dragging and weight in the pelvis, it seems as if everything were going to fall out of them. They have indigestion, constipation, palpitation of the heart, bloating, eructations of gas, and headaches. These patients are irritable and cross. They receive little or no sympathy, as they usually appear well, yet they find the care of their homes too great a strain. There is usually a history of several pregnancies near together, and of only three or four days in bed. The binder, if worn, was taken off as soon as the patient was out of bed.

Here is a condition rarely recognized, yet it is frequent, it causes great distress, and as a rule is easily cured. On examination, the abdominal wall will be found lax, the recti muscles widely separated, the liver, kidneys, stomach and intestines sagging, often the uterus and appendages are prolapsed and the perineum may be lacerated so that the vaginal walls also are prolapsed. An abdominal binder may be the only treatment necessary, but the lacerated perineum and prolapsed uterus require an operation. The point is, the tired, nervous mother needs care. Often a slight operation will transform an invalid into a strong, healthy woman.

What may seem to be little things and of no consequence are often symptoms of serious trouble. It is the nurse's opportunity, more particularly the visiting nurse's opportunity, while in the home, to recognize the possibility of some gynæcological trouble and to influence the patient to seek medical advice.

INFANTS' NORMAL STOOLS AS AFFECTED BY DIET

By FRANCES A. MYLES, R.N.

Graduate of the Newton Hospital, Newton Lower Falls, Mass.

THE first defecation of an infant is known as meconium and is made up of the secretions of the intestinal walls and cells of the same, also of amniotic fluid which has been swallowed; this lasts from four to seven days, and may persist somewhat longer. Then follows the normal breast stool.

Breast-milk Stools.—These have the consistency of pea-soup, are of a golden yellow color, with a sweetish aromatic odor, not unpleasant, and have always an acid reaction. A little later these stools become more salve-like. It is unusual to see an absolutely normal breast-milk stool.

Cow's-milk Stools.—These are fewer in number, there may be one or two a day, or one every other day, they are firmer, and apt to be constipated, of a lighter yellow color. The reaction is alkaline. Odor may be sweet, foul, or cheesy.

Skim-milk Stools.—These are more brownish than the modified-milk stools, and of an alkaline reaction. Odor is cheesy or foul. They are usually of a peculiar salve-like consistency.

Whey Stools.—These are essentially the same as skim-milk stools; they are a little browner.

Starch Stools.—These are distinctly brown, tend to be acid, and have an aromatic odor. Frequently fine brownish specks are found in the stool. This is the cellulose or chaff of the material from which it is made, as the husk from the oat.

Malt-sugar preparations (such as malted milk, etc.) cause stools to be distinctly brown, acid, and sticky. They are usually slightly laxative, but may be constipating.

Buttermilk stools are shiny, salve-like, greyish brown, have usually a cheesy odor, but not marked.

Animal food, such as beef juice, mutton broth, etc., causes the stools to be brown, and to have a distinctly fecal odor. They are alkaline.

Starvation stools are the same as meconium, and consist of bile, intestinal secretion, etc. They are sticky, brownish green, stale odor, frequently small in amount.

Cholera infantum stools are usually odorless. They contain mucus, are sometimes aromatic, and may smell like wet hay.

Blood gives a dirty, sickly smell.

Grey stools are due to absence of bile.

White stools are made up of a large amount of fat. It is in the form of soap, looks soapy and shiny.

THE RED CROSS IN DAYTON

BY MARY E. GLADWIN, R.N.

Chief Nurse of the Red Cross Staff in Dayton

SLEEP will not come,—behind tired eyelids the too active brain sees picture after picture of the nurses at work in Dayton. In the dripping rain, the “bread line,” an appallingly long line of patient, waiting people, two nurses hurrying up and down its length, helping a mother with her child, bestowing packages more securely in a basket, fastening a cloak about weary shoulders, giving a smile here, a few cheerful words there,